



NAMI | **Montana**

National Alliance on Mental Illness

Interim Committee of Children, Families, Health and Human Services
PO Box 201706
Helena, MT 59620-1706

November 16, 2015

Dear Interim Committee of Children, Families, Health and Human Services,

NAMI Montana would like to thank the Committee and the Legislative staff for their efforts on the House Bill 422 study of Children Mental Health Outcomes. This is an incredibly powerful study that we believe could be an important tool to improve Montana's mental health system.

NAMI Montana has some input for the study, but we think it needs to be prefaced with what we perceive as the history of this study and related efforts in this area.

1. History of Recent Legislative Efforts on Outcome Measures in Montana's Children's Mental Health System.

NAMI Montana has been involved in supporting the development of this bill since its original inception in Representative Pat Noonan's House Bill 565 in the 62nd Legislature. See, http://leg.mt.gov/bills/2011/hb0599/HB0565_1.pdf (The language on outcome measures was stripped in committee before the bill's passage).

NAMI Montana worked with Representative Noonan to continue to the push for outcome measures in children's mental health in the Interim Committee of Children, Families, Health and Human Services in 2011-2012. The Committee developed two bill drafts for the 63rd Legislature. The bills were LC 123, Pay-for-Performance Pilot Project, and LC 124, Outcomes-Based Measurement for Children's Mental Health Services. In the process of analyzing this issue and creating these bills, Representative Ron Ehli became a powerful advocate for the use of mental health outcome measures and performance-based mental health care.

LC123 was carried by Representative Ron Ehli as HB 100 and was eventually vetoed by Governor Bullock. LC124 was carried by Representative Pat Noonan as HB 83 and it died in House Health and Human Services Committee. In the 64th Legislature, Representative Ron Ehli continued to carry the torch for improving the children's mental health system through outcome measures and evidence-based practices. Representative Ehli carried HB 422 which resulted in the current critical study on how to implement outcome measures in the children's mental health system.

2. Other Efforts Involving Outcome Measures in the Children's Mental Health System.

In August of 2010, NAMI Montana received funding from the Mountain Plains Equity Group to develop a comprehensive, real-time outcome measurement pilot program to analyze Montana's state-funded adult-mental illness treatment system. The program was inspired by system transformation guidelines set out in Healing the Broken Mind: Transforming America's Failed Mental Health System by Dr. Timothy Kelly.

NAMI Montana utilized a free outcome measurement system and then had it tweaked by Montana mental health providers. The system went live in the winter of 2011. The system successfully reported the results in real-time of outcome measures in multiple mental health centers across the state, including the state's two biggest mental health centers (Western Montana Mental Health Center and AWARE, Inc.) However, there were some critical inter-organizational challenges between NAMI Montana, mental health providers, and the State of Montana challenges that prevented the system extending beyond proof of concept for real-time mental health outcome measures.

In the fall of 2011, NAMI Montana was awarded a \$35,000 grant by the Montana Mental Health Trust to develop and field an online outcome measures tool for Montana's children mental health system. NAMI Montana had developed a contract with NetReflector, Inc., the same company that successfully developed and fielded NAMI Montana's outcome measures tool for the adult system. *See*, https://www.dropbox.com/s/ttcupo5azfczzq3/NetReflector%20Proposal_NAMI_Children%20050311%20V2.pdf?dl=0

For \$17,500 of initial investment for set-up and \$1,500 per quarter after that, NetReflector would:

- Program a single survey (up to 35 questions) including three open ended questions with a code number for each client.
- NetReflector will generate a single unique URL up to ten mental health center offices to take the questionnaire.
- NetReflector will generate a real time online report which will consist of bar charts, pie charts and verbatim responses for the combined data.
- Outcomes will be available on the individual, mental health center and state levels.
- The report will be able to track how individual clients' answers have changed from survey to survey.
- NetReflector will collect up to 9,000 online survey responses per month.

After receiving notice of the successful grant award, NAMI Montana learned that the Children's Mental Health Bureau (Bureau) also planned on establishing a formal outcome measures program for Montana's children's mental illness treatment system. NAMI Montana felt it was better to support the Bureau's effort, rather than run a parallel outcome measures project. In December of 2011, NAMI Montana asked the Montana

Mental Health Trust to allocate the \$35,000 award towards the Bureau's outcome measurement effort. The Bureau developed and fielded a program based upon the "Child and Adolescent Needs and Strength Assessment."

3. NAMI Montana Recommendations for Ongoing Efforts Involving Outcome Measures in the Children's Mental Health System.

NAMI Montana learned four critical lessons in our years of being involved with mental health outcome measures development and implementation process. We believe that adherence to these lessons is critical to the success of any ongoing mental health outcome measures process in the state.

- The online survey system is the most important part of an outcome measures system. The company that offers this survey system must be independent of the entity that developed the survey questions. There should be an expectation that survey questionnaires will change every two to five years; based upon lessons learned from prior results, changes in health policy focus, etc. It should not require a completely different computer system with the requisite provider information technology headaches that go with that system in order to change surveys.
- The State of Montana Department of Public Health and Human Services (DPHHS) needs to be responsible for the outcome measurements process. While the theory of having a relatively neutral private entity develop and administer the outcome measurements process is admirable, the reality is that the mental health providers do not have time to administer multiple outcome measurement surveys.
- The outcome measures survey should seamlessly transition non-confidential, non-identifying information from outcome measurement surveys in the client's electronic health record (EHR) to DPHHS so the non-confidential results can be publicly reported. The type of EHR middleware necessary to conduct this seamless transition was not available when NAMI Montana developed its outcome measures process, it appears that the company Zoeticx, Inc. now offers this technology and there may be other potential vendors as well.
- The danger of mental health centers "cherry picking" clients in order to improve their outcome measures is a real threat, but it is important to realize that the "cherry picking" of the easiest-to-treat clients at the expense of the hardest-to-treat clients is already a reality of the mental illness treatment system. The danger of further incentivizing "cherry picking" of clients is a real variable that should be considered for each iteration of the mental health outcome measurement process, but that danger should not derail the process.

Again, we are deeply thankful for the Committee and staffs' efforts on the House Bill 422 study of Children Mental Health Outcomes. Please let us know what we can do to further support the Committee's efforts.

Sincerely,

A handwritten signature in black ink that reads "Matt Kuntz". The signature is written in a cursive, slightly slanted style.

Matt Kuntz
Executive Director
NAMI Montana